

## Volunteer Application

Please fill out as completely as possible. The information gathered is used to gain a better understanding of your abilities and what you hope to gain from volunteering and how we can help you reach these goals.

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Hm/Wk phone number\*: \_\_\_\_\_ email address: \_\_\_\_\_  
(\*these are listed to facilitate contact)

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Under 18: ☐ No ☐ Yes – If yes, please fill out parental consent form. Date of Birth: \_\_\_\_\_

Have you volunteered with the City of Rockville before?

☐ No ☐ Yes – If yes, with whom and for how long? \_\_\_\_\_

**Education:** (\* only necessary if currently enrolled as a student)

	Name and city	Field of Study	Years Enrolled	Degree?
Middle School*				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School*				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Volunteer Experience:** Please list where you have volunteered before, if applicable, a contact name and phone number and a description of your services

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**Memberships, Professional Affiliations, and Clubs:**

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**Hobbies and interests:**

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**Special Training:**

List any course work, training, or experience which may be applicable (for example, CPR, First Aid) \_\_\_\_\_

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**Special Skills:**

Check all that you are expert or proficient with and would like to share:

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Organizing                              | <input type="checkbox"/> Gardening/Horticulture | <input type="checkbox"/> Office work | <input type="checkbox"/> Computers      |
| <input type="checkbox"/> Talking with people                     | <input type="checkbox"/> Working with children  | <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> EMT/First Aid                           | <input type="checkbox"/> Languages              | <input type="checkbox"/> Crafts      |   |
| <input type="checkbox"/> Work with animals (list species): _____ |   |                                      |   |
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**Availability/Interests:**

When are you available to volunteer:    ☐ Morning    ☐ Afternoon    ☐ Evening    ☐ Weekend

Preferred day(s): \_\_\_\_\_ Hours per week: \_\_\_\_\_ Days per month: \_\_\_\_\_

Why are you interested in volunteering with the City of Rockville, Croydon Creek Nature Center?

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Is there a volunteer job you prefer? Describe: \_\_\_\_\_

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Is your volunteer work to be used towards credit or fulfillment of a community service or school requirement? ☐ No    ☐ Yes, please describe:

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**Medical:**

Volunteer activities may require that you work outdoors or lift heavy objects. Are you aware of any condition or circumstance that would interfere with your ability to perform these activities?

☐ Yes ☐ No

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**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**References:**

Please have two adults who are not related to you email a letter of reference to the Nature Center at [ccnc@rockvillemd.gov](mailto:ccnc@rockvillemd.gov)

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

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Signature

Date

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## **Volunteer Parental Consent Form**

I understand that by volunteering my time I am performing a community service and need to act in a safe and responsible manner.

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Youth Signature

Date

I understand that my minor child will not be supervised at all times and is responsible for acting in a safe and responsible manner.

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Parent Signature

Date